CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING B.—WRITE PLAIN V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09663
1. PLACE OF DEATH	72
County Worchsley	Registration Dist. No. 35/
Village or City Williams Hill	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) 2.3ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mene Mason Both	If U. S. Veteran, specify WAR 20.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Dey) (Yeer)
HUSBAND of (or) WIFE of William Bothe	22. HEREBY CERTIFY, Thet I ettended decessed from
6. DATE OF BIRTH (month, dey, end year luggest 30 1188	I last sey her alive on Alexenth 22 , 19.36; death is seid
7. AGE Yeers Months Days If LESS than I dey,hrs.	to heve occurred on the dete steted ebove, et
78 0 1, 23 ormin.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence were es follows. Date of onset
8. Trade, profession, or particuler kind of work done, es SPINNER. Journal SAWYER, BOOKKEEPER, etc.	fulmonary westerlosis
kind of work done, es SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed lest worked et this organization (which and	
SAW MILL, BANK, etc. 11. Totel time (years)	
11. Total time (years) this occupation (mbth and year) occupation / ///	y
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME Stephen Wason	
13. NAME 13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of Date of
(State of country)	What test confirmed diagnosis? Westhere an eutopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stella or country)	23. If deeth was due to external courses (VIOL ENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) (Stete or country)	Accident, sulcide, or homicide?
Mill dillied malled	Where did Injury occur?
17. INFORMANT (Address)	Specify whether injury occurred In INDÚSTRY, in HOME, or In PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Julico Juli Ling: Deta Julia de 3, 19 Juli	Nature of injury
19. UNDERTAKER Search Alexand	24. Wes disease or injury in any way releted to occupation of deceased?
20. FILED 9/2 ST, 1936 REROY Secret Registrar.	(Signed) Memoral Terris M. D. (Address) Mon Jill Md.
To the late of the	N. O. J. C. D. C.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
OCT 5 1936			
Other contributory caused of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

certificate.

See instructions on back of

Exact statement of OCCUPA-

STATE OF MADVI AND-CERTIFICATE OF DEATH

STATE OF MARTERIA	CLIVIII ICATE OF DEATH
1. PLACE OF DEATH	(RT) (N)
County Worsester A 108811	m Lours & Registration Dist. No. 312
Village or City & Chain Carred Com	No. un at with Beath St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos.	ds. How long in U.S.If of foreign birth?yrsmosds.
2. FULL NAME Levin L. Coulst	in
(a) Residence: No. Semble (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Self. 180 1936
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Matilda Couplin	22. HEREBY CERTIFY, That, ettended deceased from
6. DATE OF BIRTH (month, day, and year) May. 6, 1868	I last saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
68 6 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER,	1 Joins
SAWYER, BOOKKEEPER, etc.	(eccidental biocercial on
work was done, as SILK MILL,	Principles Steamer 9/22
SAW MILL, BANK, etc	Long Island, To 1 12
this occupation (month and year) this occupation (month and year) year) occupation	Lewer, Delactar
1 Har Isla I	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
13. NAME Charles Coulstin	
14. BIRTHPLACE (city or town) Army I sland	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Materda Malpen	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Fong I sland	Accident, suicide, or homicide file de de Date of injury f.l. 2, 19 30.
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Charles Congralia	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Melonio blusgh Me	policing steamer
18. BURIAL, CREMATION, OR REMOVAL Place Melorina Church Date Sent 24 1936	Manner of Injury
1	Nature of injury
19. UNDERTAKER L. W. Byshaye	24. Was disease or Injury In any way related to occupation of deceased?
(Address) / Geslig Med	If so, specify (Colored)
20. FILEO \$123, 1936 & S-1/1Menford	(Signed)
//Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting O. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	Paris Bush Ballion Park (s	Example II		
The principal cause of of importance were as	death and related follows:	causes	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	OCT 2	11000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	dis .		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	V. S	July 5,1927	Peritonitis	3 days ago
	autoritativa primariami mengan dipantan diadakan pendahan pendahan artikakan dipantan diadakan mendahan pendahan pendaha				
Other contributory can	ises of importance			Other contributory causes of importance:	
Gallstones		May 1,1923	Gostroenteritis	1 year	

PHYSICIANS should state

stated EXACTLY.

AGE should be

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

certificate.

See instructions on back of

of OCCUPA-

Exact statement

STATE OF MARYLAND—CERTIFICATE OF DEATH

09665

1. PLACE OF DEATH	(82:00)
County Worces les	Registration Dist. No.3 # 2
Village or City Newarle.	No. 46 St. Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
Ω Ω $1 - \Omega$	yrs
2. FULL NAME 13. Clay low Dennes	
(a) Residence: No. <u>N. G. A. Lee M. (Usual place of abode)</u>	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write-the weftd)	21. DATE OF DEATH
male white married	(Month) (Bay) (Yeer)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of Nella Deuris.	1 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sent. 21, 1850	Last saw h Con alive on Dept 17, 1936 death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at
85- 11 26 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade profession or particular	Caraberal Date of onset
SAWYER, BOOKKEEPER, etc.	Hemorrhays
9. Industry or business in which work was done, as SILK MILL, Pail Road Employee	
O LO. Date deceased last worked at 11. Total time (years)	
o this occupation (month and spent in this 50 yrs	
12. BIRTHPLACE (city or town) Mary Land	Other Contributory Causes of importance:
(State or country)	
13. NAME Wosley Dewis	
14. BIRTHPLACE (city or town) Margania	Name of operation Date of 4
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Jane White	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Jane White 16. BIRTHPLACE (city or town) Maryland.	Accident, suicide, or homicide?
∑ (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs Clay try Dennes (Address) New Arts Net;	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place I rolu Ilm - / lewelloate Sept. 2,00 30	Nature of injury
19. UNDERTAKER J. W. Burbage (Address) Berlin mid	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO Sept 28, 19 9 V Minglind Before.	(Signed) M. O. (Address) Rework M. O.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitud nephritis! 2 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis ,	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH OCC item of plnods Registration Dist. No. County__ no Village or City___ of (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred. .___ ds. How long in U.S. if of foreign birth?_____ statement (Usual place of abode) If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIOOWED, 4. COLOR OR RACE 21. DATE OF DEATH OR DIVORCED (write the word) CIL (onth) 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY, That Lettended deceased from (or) WIFE of 回 6. DATE OF BIRTH (month, dey, end year) certificate. properly 7. AGE If LESS then Yeers Months **Oevs** to heve occurred on the dete steted above; at_____m stated 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of importence or min. 8. Trede, profession, or perticuler NO kind of work done, es SPINNER, Jo SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.... back may pluods 10. Date deceesed lest worked at Potal time (yeers) this occupation (month end spent in this occupation _. instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town). (State or country) terms, FATHER 13. NAME 14. BIRTHPLACE (city or town) plain (State or country) should be carefully What test confirmed diagnosis?.. MOTHER important. 15. MAIDEN NAME 23. If death was due to externel causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide DEATH 16. BIRTHPLACE (city or town) (Stete or country) (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, is HOME, or in PUBLIC PLACE 17. INFORMANT very (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury AUSE mation NOL Neture of injury 24. Was diseese or injury in any wey releted to occupation of deceesed? 19. UNOERTAKER (Address) If so, specify (Signed) zistrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Oate of onset

Wes there en eutopsy?

(Oay)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the dcceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis OCT 2 1930	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BIINDAU V. S.	July 5,1927	Peritonitis	3 days ago
The second secon			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

STATE O 1. PLACE OF DEATH County Maryland		CERTIFICATE OF DEATH Registration Dist. No.	50	
Village or City Pocomoke C	7 £ 4	Registration Dist. No	War	
Length of residence In city or town where d		<i>(</i>		
2. FULL NAME Samuel A (a) Residence: No. Bloxon	. Godwin 1, Va. (Usual place of abode)	St., Ward. If nonresident give city or town and St	itate	
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX Male White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sent. 18, (Day) 936.	193 (Yaar)	
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Maud Parks		22. HEREBY CERTIFY, That I attended de 9/17/36 , 19 , to 9/18/36	eceased fro	
6. DATE OF BIRTH (month, day, and year) M8	y 29, 1896.	I last saw h im alive on 9/17/36 ,19 ;	death is se	
7. AGE Yaars Months	Days If LESS than 1 dey, hrs. or min.	THE RIVER CAUSE OF BEATT and tolded dudges of importance	Date of onse	
Note that the second of the se	ruck Driver 11. Total tima (years) spent in this occupation	Hemorrhage from stomach. (See remarks)		
12. BIRTHPLACE (city or town) Near Ha	llwood, Va.	Other Controllery Causes of Importance.		
E 13. NAME Samuel A. Go	odwin			
13. NAME SAMUEL A. GO	/a.	Name of operation Data of Whet test confirmed diegnosis? Was there an au	itopsy?	
15. MAIDEN NAME		23. If daath was due to externel causes (VIOLENCE) fill in also the following:		
15. MAIDEN NAME 16. BIRTHPLACE (city or town)Dimari (State or country) Va	lah Davis	Accident, suicide, or homicide? Dete of injury Where did injury occur?		
17. INFORMANT L. A. Godwin (Address) Pocomoke Cit	ty, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Plece Parksley, Va.	Date 9/20/36 ₉	Menner of injury		
19. UNDERTAKER J. D. Johns Parksley,	on Va.	24. Wes disease or injury In any way related to occupation of deceesed?		
20. FILED Sofe 18 , 1936 for	Im J. Keley	(Signed) Pocomoke City, Md.	M.	

(Address) _

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis OCT 2 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

This man was seen by me at 5 PM on Sept. 17th for the first time.
When seen he was having a hemorrhage from the stomach and was in such precarious condition I could do nothing toward making an examination for a definite diagnosis.

STATE OF MARYLAND—CERTIFICATE OF DEATH

state UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	82.0
COR	County Worcester	Registration Dist. No. 312
=	Village or City Ocean Cely.	No. St., Ward
- /	1 1/2	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
AN	en. 1 -1 0 1	
YSICIANS		
PHYSICIANS ict statement	(a) Residence: No. Uclau Cuy Mg. (Usual place of abbde)	St., Ward. If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EX.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (variet the word)	21. DATE OF DEATH
G.	fluide widow.	(Month) (Day) (Year)
X A C T L classified.	5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERT-FY That attended deceased from
A	(OT) WIFE OF Ur. William W. Hearney	Jeffer 1 86 Vifter 1K 30
E X cl	6. DATE OF BIRTH (month, day, end year) Sept. 22, 1855	I last saw he alive on 20 119 , 19 0, death is said
- R	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, 13.07 m.
stated proper ertific	80 11 22 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	8. Trade, profession, or particular	Ocrebral hemotitoge
be of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	will paralysis All-191
should it may n back	B. Industry or business in which work was done, es SILK MILL, A tel Cur a SAW MILL, BANK, etc.	
should t it may on back	10. Date deceased last worked et 11. Total time (years)	
F-3	this occupation (month and spent in this occupation occupation	
AGE so that	12. BIRTHPLACE (city or town) Maryland.	Other Contributory Causes of importance:
pplied. AGE erms, so that instructions	(State or country)	
supplied n terms, ee instru	13. NAME William P. Warper.	
sup in te See i	13. NAME William P. Harfer. 14. BIRTHPLACE (city or town)	Name of operation
ly lair	(State of County)	What test confirmed diagnosis? Was there an eutopsy?
ld be carefully supplied. DEATH in plain terms, y important. See instru	15. MAIDEN NAME Hune Maria White 16. BIRTHPLACE (city or town).	23. If death was due to external causes (VIOLENCE) fill in also the following:
be careful EATH in p important.	[16. BIRTHPLACE (city or town).	Accident, suicide, or homicide?
AT	(State or country)	Where did injury occur? (Specify city or town, county and State)
ld l DE	17. INFORMANT Mrs. Menue Jones	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
should OF D	(Address) Ocean City, Mil. 18. BURIAL, CREMATION, QR REMOVAL	
E	Place Bishop ville Mel Date Sept. 17 1936	Manner of injury
mation shoul CAUSE OF TION is ver		Nature of injury
CA	19. UNDERTAKER J. W. Jakobase (Address)	24. Was disease or injury in any way related to occupation of deceased?
	9/11" 21 1 mul 1	If so, specify (Signed) M. D.
(1)	20. FILED 4/6 , 1936 SMuniford Registrar	(Address) Lange a C C C
0		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

V. S. No. 1

ż

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example	I		Example II	
The principal cause of death and of importance were as follows:	related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	3225	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	2 100	1921	Run over by street car	1 week ago
Cerebral hemorrhage	AU V. S.	July 5, 1927	Peritonitis	3 days ago
		43		
Other contributory causes of imp	ortance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

Every item of infor-

Exact statement of OCCUPA-

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECOKD.

V. S. No. 1

	S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATI	- 09669
1	1. PLACE OF DEA	тн			(131)	750
	County Words	ster			Registration Dist.	No.
	Village or City	Pacemek	a City,	/11	No. R. F. D. 4 2. death occurred in a hospital or institution, give its NAME inst	St., Ward
	Length of residence in c	ity or town where de	eath occurred		ds. How long in U.S. if of foreign birth?	
-	2. FULL NAME	enry S.H	urley		If U.S. Veteran specify WAR	/
	(a) Residence: No		(Usual place	of abode)	St., Ward. If nonresident give	city or town and State
Man	PERSONAL AN	ND STATISTI			MEDICAL CERTIFICATE OF	F DEATH .
		or or race		RIED, WIOOWED, D (write the word)	21. DATE OF DEATH Pocomoke City Sentember	12th., 193.6. (Year)
5a.	. If married, widowed, or div HUSBAND of (or) WIFE of Julia	orced a Anne Ho	urley		22. Septe 5 19 6,10	That I attended deceased from
-	DATE OF BIRTH (month, da	ay, and year (Tan)	nary 20	th.1854.	i last sew halive on	, 19.9 6-; death is said
7.	AGE Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated ebove, at 0. 1.51	*
1	82	ſ	28	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of were as follows:	Date of onset
CUPATION	8. Trade, profession, or paid of work done SAWYER, BOOKKE Industry or business I work was done, as SAW MILL, BANK,	, as SPINNER, EPER, etc	Parmer		Muna Cu-a	95.36
200	1	orked at	11. Total t spe	ime (years) ntin this Life upation	Chronis med fruition Cross Di Assistion: not known	
12	BIRTHPLACE (city or town (State or country)	Dorchesi Lary	ter Con	nty	Other Contributory Canses of importance:	1930
EK	13. NAME Rober	t Harley	Ţ.			
FAIH	14. BIRTHPLACE (city or t (State or country)	town Dorcho Karyl	ester Cland.	ounty	Name of operation	Dete of
15.2	15. MAIDEN NAME CO	nfort A.	Taylor		23. If death was due to external causes (VIOL ENCE) fill in	elso the following:
16. BIRTHPLACE (city or town) ACCOMAC County (State or country) Vinginia.					Accident, suicide, or homicide? Date Where did injury occur?	
17. INFORMANT Robert Hurley (Address) Pocomoke City, Maryland.					(Specify city or town Specify whether injury occurred in INOUSTRY, in HOME,	n, county and Stale) or in PUBLIC PLACE,
18	BURIAL, CREMATION, OR Place	REMOVAL CTV	angere Sept	14the 36	Manner of injury	
19	O. UNDERTAKER DE COM	eke City	Ster	neusa	24. Was disease or injury in any way related to occupation If so, specify	of deceased?
20	FILED Sep. 14,	19.56 fr	hn J. I	Registrar,	(Signed) (Address)	Cey mil

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	111111111111111111111111111111111111111	
21/10/10/00/00	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage OCT 2 1930	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

7 10 10 10 10 10 10 10 10 10 10 10 10 10			
	**		
		a -	

STATE OF MARYLAND—CERTIFICATE OF DEATH

should state item of infor-OCCUPAof PHYSICIANS statement Exact A PERMANENT RECO stated EXACTLY. classified. certificate. properly SI -THIS be of back plnods so that it may WITH UNFADING INK-See instructions on CAUSE OF DEATH in plain terms, mation should be carefully is very important. -WRITE PLAII LION

FOR BINDING

V. S. No. 1

1. PLACE OF DEATH (210-117) Registration Dist. No. 352 (If de Length of residence in city or town where death occurred mos._ 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED. 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorged HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Days If LESS than I day, hrs. 6 or min. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... OCCUPATION MARGIN RESERVED Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... Date deceased last worked at this occupation (month and 11. Total time (years) spent in this occupation ... 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) REMOVAL 18. BURIAL, CREMATION 19. UNDERTAKER (Address) Registrar.

Np.43	St. Ward
ath occurred in a hospital or institution, give its NA	ME instead of street and number)
ds. How long in U.S. if of foreign birth?	yrsds.
If U. S. Veteran, specify WAR	
_St., Ward.	eni give city or town and State
MEDICAL CERTIFICA	TE OF DEATH
1. DATE OF DEATH	(Day) 193 (Year)
	FY, That I attended deceased from
, 19, to	
l last saw h alive on	, 19; death is said
to have occurred on the date stated above, at	
were as follows:	Date of onset
Broken	
134 /200 - 700	
Cinto occur	int
Other Contributory Causes of Importance:	4.00
	>
Name of operation	Data of
What test confirmed diagnosis?	
23. If death was due to external causes (VIOL ENCI	
Accident, suicide, or homicide?	Date of injury 9 - 4 19.36
Where did injury occur?	The distribution of the state o
(Specify cit	or town, county and State)
Specify whether injury occurred in INDUSTRY in	HOME, OF PUBLIC PLACE.
Harris of Indian Const. G. G. G.	
Manner of injury	
Nature of injury	a repende
24. Was disease or injury in any way related to oc	cupation of deceased?
If so, specify	
(Signed)	M. D.
(Address) Julia	~ mas

If more blanks are needed, addresy State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	-	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones -	May 1,1923	Gastroenteritis	1 year

FOR BINDING

S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			WITHIN CORPONATE LINITS OF		
County Norcester			(120) Registration Dist. No.	50	
Village or City Pocomo			NoSt., f death occurred in a hospital or institution, give its NAME instead of street and ists. How long In U.S. if of foreign birth?yrsm		
2. FULL NAME Amanda			If U.S. Veteran specify WAR		
(a) Residence: No.	(Usual place	of abode)	St., Ward. If nonresident give city or town and	State	
PERSONAL AND STATIS	STICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE Female Colored	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH / S / 12/2	, 193 6 (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22 LENS HEREBY CERTIFY, That attended	deceased from	
6. DATE OF BIRTH (month, day, and year)	et known.		I last saw h Dr. alive on Left 5 , 1936	; death is said	
7. AGE Years Months About 75 **	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	11. Total ti spe occu	ime (years) nt in this pation	Dther Coutributory Causes of Importance:	9/2/30	
(State or country) Mary]	and er		liger Hauth		
The state of the s	cester Co	unty	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?		
置 15. MAIDEN NAMEDONT Knov	V.		23. If death was due to external causes (VIDLENCE) fill in also the following		
15. MAIDEN NAMED ON THOU	gis		Accident, suicide, or homicide? Date of injury Where did Injury occur?(Specify city or town, county and Stat Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PL	(A)	
(Address) Comple Ci	ly cont	.13th, 1936.	Manner of injury		
19. UNDERTAKER ALMON (Address)	White	mg.	24. Was disease or injury in any may related to occupation of deceased?	/VO	
20. FILED 19 19 19	fun .	Registrar.	(Signed) VEDLUOLO CIL, II	M. D.	

V. S. No. 1

PHYSICIANS should state

Exact statement of OCCUPA-

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

stated EXACTLY.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

-WRITE PLAINLY,

Ä

properly classified.

certificate.

See instructions on back of

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Example I	li i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage OCT 2, 1936	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state 5. Every item of infor-WITH UNFADING INK-THIS IS A PERMANENT REC

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAIR

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	100
County ///OCCOLD	Registration Dist. No. 35/
Village or City Syncw / Ill	No. St., Wa
Length of residence in city or town where death occurred 64-yrs. 70-mo	os
2. FULL NAME CILICL M. Robins	If U. S. Veteran, specify WAR 20
(a) Residence: No.	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OF DIVORCED (write the word) Temale Oploned Toronomy	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of HORNEL ROBERTS	1 HEREBY CERTIFY, That I attended deceased from September 8, 1936, to September 194, 1931
6. DATE OF BIRTH (month, day, and year)	Hast saw her alive on Selection 14 19 36; death is sa
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at O. A.L. m.
64 0 // 1 day,hrs	ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Date of ons
work was done, as SILK MILL, Authorite	
10. Date deceased last worken at / 130 11. Total time (years) spent in this year) occupation (more as / 130 11. Total time (years) spent in this year)	1
12. BIRTHPLACE (city or town) (State or country)	Other Coutributory Causes of importance:
13. NAME GEORGE Jones	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsyl
15. MAIDEN NAME Sarah Will	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT AND DESCRIPTION OF THE PROPERTY AND THE PRO	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
PHOSPERIZEN STORY DATE CONT. 1. 7, 1936	Nature of injury
19. UNDERTAKER / facine shiftments	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 9/17, 19 36 SEROY Servelt Registrar.	(Signed) Allemond Turila M. (Address) Abort Will Mid.
	7, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	1	The principal cause of death and related causes of importance were as follows:	
Artertoscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 193	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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()	4	P.A.	1	
13	V	11	0	

of infor	1. PLACE OF DEATH	23
of i	County Worcesty	Registration Dist. No. 355
item of should of OCC	Village or City Whalesville	No. St., — Ward
t S a	Length of residence in city or town where death occurred death occurred mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. it of foreign birth?yrsmosds.
COAD. Every PHYSICIANS	2. FULL NAME alvin Fassett Shar	well If U. S. Veteran, specify WAR
SIC ate	(a) Residence: No.	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
53.	3. SEX. 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	(Month) (Day) (Year)
AANEN ACTI assified	5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY. That attended deceased from
MA A A ass	(or) WIFE of	July 1936 with 26, 1936
BINDIN PERMANI EXACT y classificate.	6. DATE OF BIRTH (month, day, and year) Oct. 9, 1908	Plast saw h
R P P ed erly	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 2 2m.
FOR BI IS A PE stated E properly certificate	28 9 12 · 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- 70	8. Trade, protession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	The state of the s
THU d p d p k o	9. Industry or business in which	If agree au come our en
SERVE NK—TI should it may it back	work was done, as SILK MILL, SAW MILL, BANK, etc.	
20000000000000000000000000000000000000	10. Date deceased last worked at this occupation month and spent in the spent in the	
RES VG I AGE that ons	year) Qec 24, 17.33 occupation 75.	Other Contributory Causes of importance:
ARGIN RE NFADING plied. AGI	12. BIRTHPLACE (city or town) / fibelity (State or country)	Lullunary untulous no
MARGIN UNFADII supplied. n terms, so	13. NAME Isaac Showell	
A Date	14. BIRTHPLACE (city or town)	Name of operation Date of
T - TO	(State of County)	What test confirmed diagnosis? Was there an autopsy?
WITH WITH in pla ant.	15. MAIDEN NAME Phyllis Fassift	23. If death was due to external causes (VIDL ENCE) fill in also the following:
. 🗎 📫	5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
AINLY, dd be ca DEATH	(State or country)	Where did Injury occur?(Specify city or town, county and State)
E PLAI should OF DE	17. INFORMANT Lylles showeld (Address)	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
F-1 42	18. BURIAL, CREMATION, OR REMOVAL	Manner ot injury
The second second	Place I fisher with the state of the state o	Nature of injury
	19. UNDERTAKER M. Pugha Wiston.	24. Was disease or injury in any way related to occupation of deceased?
S. No.	(Address) Helleguelle, Wil.	If so, specity Talm From
si zi	20. FILED 4-27-, 1936 Thelen It . Haywa	(Signed) M. D. (Address)
	Registrar.	((1441403)

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Chronic interstitial nephritis 5 2 3() 1886	1921	Run over by street car	1 week ago
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Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

(Address)

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MEAU Y.	- 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82.70
County Worcesley	Registration Dist. N
Village or City Show / Yill	No.
(If	death occurred in a hospital or institution, give its NAME instead
Length of residence in city or town where deeth occurredyrsmos.	
2. FULL NAME JOHN J. Spence SV.	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF I
	21. DATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WYDOWED, OR DIVORCED (write the word)	Ellalember
5a/If married, widowed, or divorged	(Month) (B
HUSBAND of (or) WIFE of	22. AI HEREBY CERTIFY Tha
Julia grence	reference 14, 1936, to tept
6. DATE OF BIRTH (month, day, and year) full 25 - 1163	I last saw have alive on
7. AGE Years Months Deys If LESS than 1 dey,hrs.	to have occurred on the date stated above. The PRINCIPAL CAUSE OF DEATH and related causes of imp
// 2 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Carolina Pila de de de
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceesed last worked et this occupation (month and the spent in this country in the spent in the spent in the spent in this country in the spent in this country in the spent in the	Julian Jamovia
work was done, as SILK MILL, Harm	
10. Date decesed last worked et / 11. Total time (years) spent in this (La (4.1))	
year) Occupation Tustal	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town)	arterio scleraci
(State or country)	
13. NAME Comput armsfrong	
14. BIRTHPLACE (city or town)	Nema of operation
(State of country)	Whet test confirmed diagnosis?
15. MAIDEN NAME THOUGH SHAPE 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of
(State or country)	Where did injury occur? (Specify city or town, c
17. INFORMANT JOHN JOHNS	Specify whether injury occurred in INDUSTRY, in HOME, or
(Address) A M. Amaly St. St. Mandress To.	Meaner of Injury
Platalelneser One tocal per Sept. 19 1936	Mannar of Injury
Office of in	24. Was disaase or injury in eny way related to occupation of
19. UNDERTAKER (Address)	If so, specify
9/17 31 900 7	(Signed) . Duewood T
20. FILED 19 Q Q A CLOSY Delle M. Registrar	(Address) Man Will I

	82-20
p.t	Registration Dist. No. 30/
ill	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
curred yrs mos.	ds. How long in U. S. if of foreign birth?mosds.
Spence SV.	If U. S. Veteran, specify WAR
Usual place of abode)	St., Ward. If nonresident give city or town and State
PARTICULARS	MEDICAL/CERTIFICATE OF DEATH
IGLE MARRIED WINOWED.	21. DATE OF DEATH
DIVORCED (write the word)	Ellhember 10 1930
annuly	(Month) (Bey) (Year)
/	22. A I HEREBY CERTIFY That I ettended deceased from
ence-	relateurle 14 1936 to left 15, 1936
25-1765	I last saw hises alive on September 15, 1936; death is seld
Deys If LESS than	to have occurred on the date stated above, and
2/ 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
101	were as rollows:
for	Serelyallemonthage atists
L-X-2	July 1 1 1 1 26
um	
11. Total time (years) spent in this 40 461)	
occupation	
1	Other Contributory Causes of importance:
#	arterio seleraria
4	
myrong	
-//- A	Nema of operation
yang	What test confirmed diagnosis? Was there en eutopsy? Mo
thence	23. If death was due to external causes (VIOLENCE) fill in also the following:
1	Accident, suicide, or homicide? Date of injury, 19
and	Where did injury occur?
le a o Or	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
my 19	Specify whether injury occurred in Troostri, in nome, of in Poblic Place.
Omarray O C	Manage of Jaluary
Sept. 19 1036	Mannar of Injury
Emis !	24. Was disease or injury in eny way related to occupation of deceased?
ma,	If so, specify A
San San Th	(Signed) . Allerwood terris M.D.
Registrar.	(Address) Mor July, Ma.
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If more blanks are heeded, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example I		Example II	
The principal cause of importance were Arteriosclerosis	of death and related causes as follows: RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial ne		1921	Run over by street car	1 week ago
Cerebral hemorrhage	OCI 2 1990	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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OF DEATH

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14. BIRTHPLACE (city or town) ___

(State or country)

16. BIRTHPLACE (city or town) (State or country)

(Address) 3/2 18. BURIAL, CREMATION, OR REMOVAL

15. MAIDEN NAME

17. INFORMANT

19. UNDERTAKER

(Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH Registration Dist. No. County (If death occurred in a hospital or institution, give its NAME instead of street and number) mas. 3 d ds. How long in U.S. if of foreign birth?____yrs.____mos.____ds. Length of residence in city or town where death occurred statement 2. FULL NAME If U. S. Veteran, specify WAR_ (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) (Month) classified 5a, If married, widowed, or divorced HUSBAND of EBY CERTIFY, That I ettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Years Months Devs If LESS than to heve occurred on the date stated above, at 1 day, ____hrs The PRINCIPAL CAUSE OF DEATH and related couses of Importence 6 or ____min. were as follows: 8. Trade, profession, or particular CUPATION pe kind of work done, es SPINNER. jo SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc...... may back C 10. Date deceesed last worked at 11. Total time (years) no this occupation (month and spent in this that occupation _____ instructions 12. BIRTHPLACE (city or town) (State or country) terms, FATHER 13. NAME

Registrar.

Name of operation_____ What test confirmed diegnosis?

(Year)

Date of enset

3eht 24

23. If death was due to external causes (VIOLENCE) fill in elso the following:

Accident, suicide, or homicide? Date of injury Where did injury occur?____

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Nature of injury

24. Was disease or injury in any wey related to occupation of deceesed? If so, specify

(Address) - William Maril lan If more blanks are needled, affiress State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.



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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. N. B.-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	2.1
County Worcestere.	Registration Dist. No. 355
Village or City Sebertistown md.	ND. St Ward
Length of rasidanca in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Julia anni Climmous	
(a) Residence: No.	If U. S. Veteran, specify WAR 200.
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Muite Married	21. DATE OF DEATH Self (Month) 9 7 Phy, 193 (equation (Year))
5a. If married, widowad, or divorced HUSBAND of Pullplu Timmous	22. HEREBY CERTIFY, That I attended daceasad from whent any 1934 to Sun 9 1934
6. DATE OF BIRTH (month, day, and year) by 27 1852	I last saw h W alive on Suh 9 19 5 4; death is said
7. AGE Yaars Monthal Days If LESS than 1 day,	to have occurred on the date stated abova, at
8. Trade, profession, or particular kind of work dona, as SPINNER, Jarming SAWYER, BOOKKEEPER, etc	Tuburulus of Throat Togens
kind of work dona, as SPINNER, Garming SAWYER, BOOKKEEPER, etc Garming Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
Date decaasad last worked at this occupation (month and year) spent in this 56 year	
12. BIRTHPLACE (city or town) Mean Millarda' (State or country) Treomies Co	Other Contributory Causes of importance:
13. NAME Waggard Powell	
14. BIRTHPLACE (city of town) Unknow.	Name of operation
(State or country) 15. MAIDEN NAME Elinal-II. Bratter	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Lusknown.	23. If daath was dua to extarnal causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT Office Of	Whare did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date Sept 1/the, 1936	Manner of injury
19. UNDERTAKER Win Rowald Wells! (Address) Pillantle, mil.	24. Was disease or injury in any way related to occupation of deceased? 20
20. FILED 9-10- , 1936 Stelen J. Hayward	(Signed) French Pluny M.D. (Address) Bolin md.

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Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Transferrance of the contract	- 11		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF	F MARYLAND—CERTIFICATE OF DEATH
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0	J	()	6	3	

I. PLACE OF DEATH	//7	
County Wriceller	Registration Dist. No. 3	55
Village or City of martins		Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and n	
NY The	1 7.1.	
2. FULL NAME JENAL	01 1000	
(a) Residence: No.	St., Ward. If nonresident give city or town and	C
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
male who or Divorce (write the word)	(Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of	22. I HEREBY CERTIFY, That I attended to	deceased from
Chal 20 103	1 1 1 1 1 1	, 19.2.9.
6. DATE OF BIRTH (month, day, and year)		.; death is said
7. AGE Years Months Days If LESS than day,hr	to have occurred on the date stated above, at	
3. ormin.	were es follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BO OKKEPER, etc.	1 A P	
SAWYER, BOOKKEEPER, etc	uno pero voletto	
Work was done, es SILK MILL, SAW MILL, BANK, etc.		
kind of work done, as SPINNER, SAWYER, BO OKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupetion (month end year) occupation		
year) * Occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Y D ELL		-
(State or country)	<u> </u>	
13. NAME Ungus Toda: 14. BIRTHPLACE (city or town) Sungue of		
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State of country)	What test confirmed diagnosis? Was there an a	utopsy?_Q_
15. MAIDEN NAME Dagan I willight	23. If death wes due to external causes (VIOLENCE) fill in also the following	:
16. BIRTHPLACE (city or town) Madrice (State or country)	Accident, suicide, or homicide? Date of injury	, 19
E (State or country)	Where did înjury occur?	
17. INFORMANT Angus Todal (Address)	(Specify city or town, county and State Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLA	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place It. Martines Date Pers. 27, 193	Nature of injury	
19. UNDERTAKER J. W. Bushage	24. Was disease or injury in any way related to occupation of deceased?	no
20, FILED 9-27. 196 Helen J. Haywa	(Signed) Carry	M. I
Registrar.	(Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	~ /
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 4 5.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAI

		Mr.		
		W. ALLENA		
CTATE OF	MARYLAND			DEATH
DIAIR UR	WARTIANI	- L.FRIFIL.	AIL UL	I/FAID
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09681

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	94.2
County Warleslys	Registration Dist. No. 1952
Village or City / Bulin	No. 4 4 St. Ward
(If Length of residence in city or town where deeth occurred 55 Gyrs	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Charles 20. This	H
/2 /: :0- /	St. Ward.
(a) Residence: No. / Juliu (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Seft 13, 193 (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Britten Truth	HEREBY CERTIFY, Thet I attanded deceased from
6. DATE OF BIRTH (month, day, and yeer) (March 12, 1882	I last saw hem on Soft 3 , 193 ; death is said
7. AGE Years Months Days If LESS than 1 day	to heve occurred on the date stated above, et
34 3 ormin.	The PRINCIPAL CAUSE OF DEATH and releted ceusos of Importenca were es follows:
8. Treda, profession, or perticuler kind of work done, es SPINNER,	Coronary Muntons Deft 123
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or businass in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Deta deceesed lest worked at this occupation (month end	
work wes done, es SILK MILL, barpendel	
10. Deta deceesed lest worked at this occupation (month end / 4) 2 (spent in this	
this occupation (month end / 3.6 spent in this occupation / 3	Other Coutributary Causes of Importance:
12. BIRTHPLACE (city or town)	
(Steta or country)	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	20
4 14. BIRTHPLACE (city or town) (State or country)	Neme of operation Dete of
	What test confirmed diegnosis?
15. MAIDEN NAME Elizabeth Gutter 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury 19
(State or country)	Where did injury occur?
17. INFORMANT Mes Butter Juilt	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place they selve Dete Sept. 16, 19 35	Netura of Injury
19. UNDERTAKER A. W. Bushage (Address)	24. Wes disease or injury in any way related to occupetion of deceesed?
20. FILED Sept/6. 1936 I W Muentford	(Signed) Cartolland M.D.
Mesta Registrar.	(Address) Bealson Jand

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- !!	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 7 2 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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AGE should be stated EXACTLY.

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

fION is very important.

mation should be carefully supplied.

V. S. No. 1 N. B.-

PHYSICIANS should state Every item of infor-

Exact statement of OCCUPA.

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STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Horcester	Registration Dist. No. 353
Village or City / Scansperelle (If Length of residence in city or town where death occurred all yrsger most	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long.In U.S. il of foreign birth? yrs. mos. ds.
2. FULL NAME Mory & legabelt fatience	e Mr. S. Velgran, specify WAR
(a) Residence: No.	St., Ward
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Semale 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 7, 193 (Year)
5a. If married, widowed, or divoced HUSBAND of (or) WIFE of Jonge M. Marrington	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year)	last saw h. e. alive on Sept 2 19 0 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et. 9. A.m.
83 9 12 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related couses of importance were as follows:
8 Trade profession or particular	Cerebrol Hamarhage Rug 3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation month and year) 11. Total-time (years) spent in this occupation occupation	
12. BIRTHPLACE (city or pwn) / Sushaperely (State or county)	Other Contributory Causes of Importance:
13. NAME Q even If Bollins 14. BIRTHPLACE (city or town)	Name of operation.
(State or country)	What test confirmed diagnosis? Now Was there an autopsy? 20
15. MAIDEN NAME March M. Sear	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Jelle Wornington (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL MA SUPE 9, 1936	Manner of Injury
19. UNDERTAKER Mrs M. Jaska Walson (Address)	24. Was disease or injury In any way related to occupation of deceased?
20 FILED DO LATE 19 36 Jacks de Rosers	(Signed) a a Holland M.D.

If mare blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. Na. 1.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
EAU V. S.			
Other contributory causes of importance:	1-1-1-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		H222 1 3242	

TION is very important. See instructions on back of

mation should be carefully supplied.

-WRITE PLAI

N. B.

MARGIN RESERVED FOR BINDING

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4.0	V	Y)	0	(J	

1. PLACE OF DEATH	(BI)
County Workester Q.	Registration Dist. No. 35/
Village or City Near Princes assure	NoSt., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) The standard of the standard
Length of residence in city or town where death occurredyrs	mosds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Louis Lulger	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE OR DIVORCED (write the word) Marrie 9	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Mary Tunger	22. I HEREBY CERTIFY. That I attended deceased from
DATE OF BIRTH (month, day, and year) march 6, 1865	1 last saw h; death is said
AGE Years Months Days If LESS than 1 day,	
8 Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc. Tarming	Chrome ong his
kind of work done as SPINNER, SAWYER, BOOKKEPER, etc. Jindustry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Herr Complications
this occupation (month and year) spant In this occupation	Other Contributory Causes of Importanca:
(State or country)	
13. NAME Unknown	
13. NAME UMPNOWN (Name of operation Data of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Unknown	23. If death was dua to external causas (VIOLENCE) fill In also tha following:
15. MAIDEN NAME Unknowst 16. BIRTHPLACE (city or town) Switch erland	Accident, suicide, or homicida? Data of Injury, 19
7. INFORMANT Emil Juegel	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL ALL STREET OF THE STREET	Manner of injury
Place Date of Date of June 193	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?
9. UNDERTAKER Out of astropher (Address) Princess anne mad	If so, specify
0. FILED 7/5 , 19 36 RE Coe Swell Registrar.	(Signed) / Servelle (Signed) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	-ii ii	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
10				



